
LOW INCOME HEALTH PROGRAM TRANSITION PLAN (REVISED)

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1 INTRODUCTION

It is estimated that total enrollment in the Low Income Health Program (LIHP) Demonstration will be over 600,000 by December 31, 2013. This revised transition plan for the LIHP enrollees provides information regarding the transition for the Center for Medicare and Medicaid Services (CMS), Counties, Covered California, and other stakeholders.

Described within this revised transition plan are the major steps the Department of Health Care Services (DHCS), in collaboration with the local LIHPs, counties, the California Health Benefit Exchange (Covered California), and stakeholders, will take to coordinate the transition of the LIHP enrollees to a coverage option available under the Affordable Care Act (ACA) without interruption in coverage to the maximum extent possible. The LIHP Medicaid Coverage Expansion (MCE) population is transitioning to Medi-Cal, while the LIHP Health Care Coverage Initiative (HCCI) population is transitioning to Covered California.

This revised transition plan is focused on Eligibility, Enrollment, Continuity of Care, and Communications & Outreach:

- The Eligibility section outlines the major eligibility activities that need to occur in order to transition the LIHP enrollees to Medi-Cal or Covered California.
- The Enrollment section includes information on the activities related to LIHP enrollees choosing or being assigned to a Medi-Cal managed care plan.
- The Continuity of Care section focuses on the efforts to maintain continuity of care to the extent possible through sharing utilization data, developing reasonable initial health assessment requirements, and facilitating sharing of open authorizations across the transition.
- The Communication & Outreach section is focused on the transition notices (drafts included in this plan) and outreach activities including webinars, conferences, and the LIHP Transition website.

Together these sections describe the major activities DHCS, along with counties, LIHPs, and stakeholders, are taking to transition LIHP enrollees to Medi-Cal and Covered California coverage options.

2 ELIGIBILITY INTRODUCTION

To facilitate the enrollment into new coverage under the ACA, DHCS has engaged the LIHPs, Statewide Automated Welfare Systems (SAWS) Consortia, County Welfare Directors Association (CWDA) and Covered California in planning discussions on a streamlined process to transition

LIHP enrollees into the appropriate coverage options effective January 1, 2014. The LIHP transition eligibility process leverages existing LIHP enrollee information and system interfaces by coordinating program information exchanges to eliminate the requirement for the LIHPs to contact individuals to obtain additional data elements for determination of Medi-cal eligibility. This eligibility process will facilitate a smooth transition and protect continuity of coverage and care for LIHP enrollees by providing a simplified and seamless transition to Medi-Cal or Covered California with health coverage on January 1, 2014.

2.1 MEDICAID COVERAGE EXPANSION (MCE) POPULATION

DHCS will use existing LIHP enrollee eligibility data to administratively move and enroll the MCE population into Medi-Cal effective January 1, 2014. The MCE component has an upper income limit set at 133 percent of the Federal Poverty Level (FPL). DHCS has determined that all MCE enrollees, whose income eligibility level is at or below 133 percent of the FPL using the Modified Adjusted Gross Income (MAGI) conversion methodology, would be eligible for Medi-Cal under the new adult coverage group. The LIHPs currently apply income eligibility determination rules and income deductions and disregards similar to those of the current Medi-Cal program. During the LIHP application and redetermination processes, the LIHPs would have already verified the enrollees' identity, citizenship/immigration status, California residency and met these non-financial requirements.

The MCE population is currently identified in the State's Medi-Cal Eligibility Data System (MEDS) under five specific LIHP aid codes, F5, F6, F7, F8, and 84.

- DHCS will use MEDS reported December 2013 LIHP eligibility to assign the MCE population a new Medi-Cal transition aid code during the December 2013 MEDS renewal, and enroll them automatically into Medi-Cal effective January 1, 2014.
- DHCS will send enrollees a 'Welcome to Medi-Cal' letter informing them of their eligibility in the Medi-Cal program.
- DHCS will terminate the enrollees' LIHP eligibility in MEDS effective midnight December 31, 2013.
- New Medi-Cal eligibility information for each enrollee will be maintained in MEDS until their next scheduled redetermination as established by LIHPs or earlier if the enrollee reports a change of circumstance that would affect their ongoing eligibility. The Medi-Cal redetermination process for the individuals transitioned under ACA is outlined in the Redetermination section of this document.

2.2 HEALTH CARE COVERAGE INITIATIVE (HCCI) POPULATION

DHCS will use a different transition process for the approximately 40,000 HCCI enrollees whose income are above 133 and up to 200 percent of the FPL and will not be transitioned to health coverage automatically without a MAGI determination under ACA rules. Their LIHP eligibility will end at midnight on December 31, 2013 and they will be evaluated for coverage options under MAGI rules by Covered California.

The HCCI population is identified in MEDS under two LIHP aid codes, F9 and F0. DHCS, under an Intra-Agency Agreement (IA) with Covered California, will transfer HCCI enrollee data to Covered California's Customer Relations Management (CRM) system so they can engage in targeted outreach activities to assist the HCCI population with their transition. DHCS will extract enrollee contact information from MEDS and provide the initial data file to Covered California in late September 2013.

- Covered California will contact HCCI enrollees to provide information and assist them with their eligibility under all coverage options, including MAGI Medicaid, during the open enrollment period of October to December 2013. Under proposed emergency regulations (California Code of Regulations, Title 10, Chapter 12 § 6502(c)(1)), qualified individuals must select a Qualified Health Plan on or before December 15, 2013 in order for coverage to be effective January 1, 2014.
- Covered California will provide information regarding how to apply for an insurance affordability program, including submission of an application by telephone, mail, online, or in person.
- Eligibility determinations for this population will be completed using the new MAGI rules for ACA coverage options effective January 1, 2014. Additional information provided by the enrollee during this process may indicate the enrollee may be eligible for other Medi-Cal programs and should be referred to the local counties for a determination.
- HCCI enrollees found with income greater than 138 and up to 400 percent of the FPL will receive an eligibility determination for Advanced Premium Tax Credits (APTC) and subsidy assistance to purchase health insurance through Covered California.
- HCCI enrollees found eligible for Medi-Cal will be considered new Medi-Cal enrollees and assigned to an appropriate Medi-Cal aid code effective January 1, 2014. If applicable in their county of residence, the regular Medi-Cal Managed Care plan selection and enrollment processes would apply to them.
- Individuals who are enrolled in a LIHP at any point from September through December 2013 and are above 133 percent of the FPL will be referred to Covered California for an eligibility determination for an insurance affordability program under ACA rules.
- DHCS will terminate the HCCI aid codes in MEDS effective December 31, 2013.

2.3 MCE TRANSITION MEDI-CAL AID CODES

The Medi-Cal transition aid codes will identify the individuals as former LIHP enrollees who transitioned to the new adult coverage group. During the December 2013 MEDS renewal, the MEDS records will be updated to end LIHP eligibility effective midnight December 31, 2013 and add Medi-Cal eligibility effective January 1, 2014.

- County Medi-Cal eligibility staff will have control of the individual's MEDS record and have the ability to complete MEDS transactions to correct data discrepancies, update demographic information and perform other functions (such as name and address changes or issuing Benefit Identification Cards).
- Medi-Cal coverage will continue under the transition aid code until the next scheduled annual redetermination or when a change of circumstance is reported that would require the Medi-Cal program to complete an eligibility review under all Medi-Cal programs.
- DHCS will provide a report to the counties listing all LIHP enrollees transitioned to Medi-Cal in their county.

The transition aid code descriptions are listed below:

- L1: LIHP/MCE transition to Medi-Cal
Medi-Cal coverage effective January 1, 2014 for adults 19 through 64 years of age enrolled in a county LIHP MCE program in December 2013. Income is at or below 133 percent of the FPL. Medi-Cal continues until a redetermination is completed.
- N9: LIHP/MCE transition to Medi-Cal – State Inmate
Medi-Cal coverage effective January 1, 2014 for inmates in a State correctional facility, 19 through 64 years of age, enrolled in a county LIHP MCE program in December 2013. Services are limited to covered inpatient hospital services provided off the grounds of the correctional facility. Income is at or below 133 percent of the FPL. Medi-Cal continues until a redetermination is completed by the state.
- N0: LIHP/MCE transition to Medi-Cal – County Inmate
Medi-Cal coverage effective January 1, 2014 for inmates in a county correctional facility, 19 through 64 years of age, enrolled in a county LIHP MCE program in December 2013. Services are limited to covered inpatient hospital services provided off the grounds of the correctional facility. Income is at or below 133 percent of the FPL. Medi-Cal continues until a redetermination is completed by the county.

LIHP MCE to Transitional Medi-Cal Aid Code Conversion		
<i>Category</i>	<i>Current LIHP MCE aid code(s)</i>	<i>Transition Medi-Cal aid code</i>
County LIHP	F7, F8, 84	L1

State Inmate LIHP	F5	N9
County Inmate LIHP	F6	N0

- The regular LIHP MCE population identified in MEDS under aid codes F7, F8 and 84 will be assigned to Medi-Cal transition aid code L1.
- The state inmates in LIHP identified in MEDS under aid code F5 will be assigned to Medi-Cal transition aid code N9.
- The county inmates in LIHP identified in MEDS under aid code F6 will be assigned to Medi-Cal transition aid code N0.
- HCCI enrollees will not be assigned to a transition aid code.

2.4 MEDS ALERTS, REPORTS AND RECONCILIATION

DHCS is analyzing MEDS programming logic to ensure counties receive information about which LIHP cases are transitioned to Medi-Cal. This will help minimize data discrepancy issues and avoid alerts that are specific to the Medi-Cal transitional aid codes in MEDS but not in the county SAWS during the scheduled MEDS reconciliation process, that might otherwise arise after the transition of this population to the Medi-Cal program.

- The Medi-Cal transition aid codes will reside in MEDS in a special segment, similar to individuals who have “accelerated enrollment” into Medi-Cal. Beneficiaries in this special segment are not included in the reconciliation process with each SAWS Consortium. DHCS will exclude the LIHP and transitional LIHP aid codes at reconciliation.
- SAWS will not be required to program the transition aid codes into their systems and report the new aid codes to MEDS until the enrollee’s next redetermination.
- SAWS will not be required to complete discontinuance actions on their LIHP eligible cases.
- DHCS will instruct the SAWS consortia to exclude the transitioned cases from the regular MEDS reconciliation so that the reconciliation process will not affect the individual’s eligibility in MEDS.
- LIHPs must report enrollee’s redetermination month in MEDS, either through SAWS or the direct to MEDS option.
- DHCS will provide counties monthly reports identifying all enrollees with redeterminations due within the next 60 days.

2.5 LIHP CASE DATA TO MEDS

MEDS is the State’s prescribed system of record for LIHP eligibility and is used for transition activities. As part of the transition planning, DHCS instructed local LIHPs to report their eligible enrollees to MEDS in order to administratively move the entire MCE population into Medi-Cal, to ensure coverage and access to services and provide continuity of care. All enrollees identified by the LIHPs for transition to Medi-Cal or coverage options through

Covered California should be reported to MEDS by October 15, 2013. (See the “Late Enrollee” Section for more information on activities after October 15). DHCS will use MEDS data to verify MCE enrollee eligibility under specific aid codes in December 2013 and assign a transition Medi-Cal aid code during the administrative move of this population into Medi-Cal.

DHCS presented the LIHPs with two pathways to MEDS – via SAWS or direct report. Most counties are using the SAWS pathway and are working with their local Medi-Cal programs to enter their LIHP cases into SAWS for MEDS reporting and transfer of case management responsibilities in 2014. The SAWS pathway cases are identified in MEDS by their SAWS generated case numbers.

There are five counties using the direct report to MEDS pathway. Each county will transmit their files using a secured file transfer protocol certified by the State Office of Technology Services. DHCS had identified the required data elements for reporting and completed the programming necessary to accept batch data files directly from the LIHPs. DHCS has been working with the individual counties on system development and testing sample data files to ensure the required data fields will be populated correctly in MEDS. DHCS also provided MEDS training to counties on file clearing and assignment of a statewide client index number (CIN), both of which are required for batch reporting. The direct to MEDS pathway cases are identified in MEDS by their MEDS generated CIN based case numbers.

2.6 LIHP CASE DATA TO SAWS

Most LIHPs were using their own internal eligibility systems for LIHP case management. Due to the MEDS data requirement and the pending transfer of case responsibility from the LIHPs to Medi-Cal program in 2014, most of the LIHPs are working with their social services agencies on the transfer of cases to their local SAWS. LIHPs that have used SAWS as their system of record since implementing LIHP already have their cases in SAWS. The Legacy counties, counties who maintained a separate system of record for LIHP and the five state MEDS Option counties will need to have LIHP enrollee’s information in SAWS to prepare the cases for redeterminations in 2014. Depending on their business processes, LIHPs and their social services agencies are employing different strategies to accomplish the transfer of case responsibilities. DHCS facilitated discussions between local LIHPs, Medi-Cal programs and SAWS by providing consultations and policy clarifications to counties on their processes and timeline.

- Some LIHPs are working with their county social services agencies to manually enter LIHP enrollee data into SAWS.
- Other LIHPs, either independently or with their SAWS, are developing a batch transfer process to extract a data file from their internal system to send to SAWS electronically. This eliminates the need for manual entry of enrollee case data in SAWS.

2.7 REDETERMINATIONS

After DHCS' administrative move to establish Medi-Cal eligibility for the MCE enrollees, the local Medi-Cal program will be responsible for case management and other ongoing eligibility related activities for these individuals effective January 1, 2014. The county Medi-Cal programs will complete the eligibility review for each enrollee using the redetermination dates established by the LIHPs. To minimize the operational impact to the local Medi-Cal program, the transitioned LIHP MCE population will follow the same annual redetermination procedures as the current Medi-Cal population (in accordance with existing law as amended by AB/SBX1 1) and will be required to undergo a MAGI determination during their 2014 redetermination.

- DHCS will apply Code of Federal Regulations Section 435.603(a)(3) and allow the local Medi-Cal programs to defer this population with annual redeterminations between January 1, 2014 to March 31, 2014 until April 1, 2014. The deferral period and process for the LIHP population will align with the policy for other MAGI Medi-Cal populations. The duration of the deferral and the procedures to operationalize the deferral are still under development.
- The "grandfathering" period of January to March 2014, no adverse actions can be applied because of an MAGI eligibility determination for Medicaid populations who are transitioning from "old" eligibility rules to MAGI does not apply to the LIHP MCE population because they are a new eligibility group for Medicaid and there are no "old" eligibility rules that could be more advantageous. However, as noted above, the redetermination deferral for the first Quarter of 2014 will be applied to the MCE transitioning LIHP population.

2.8 LIHP REDETERMINATION SUSPENSION 2013

DHCS received approval from the CMS to allow LIHPs the option to suspend regularly scheduled redeterminations between October and December 2013 to minimize confusion during the transition to Medi-Cal, Covered California's open enrollment outreach and new program notification activities. If a county chooses this option, this would allow MCE individuals in that county who would have otherwise had a LIHP redetermination due in the last quarter of 2013, and who transition into Medi-Cal, to retain their eligibility for one year, resulting in an extension of their next scheduled redetermination date to the corresponding month in 2014.

If a county intends to implement this optional redetermination delay, it must notify DHCS prior to taking any actions to implement this delay by sending a letter to DHCS according to the instructions provided, including signature of the individual(s) authorized to sign on behalf of the LIHP and county Medi-Cal program. County social services who will have case management responsibility for processing the redeterminations in 2014 and DHCS must ensure that both LIHPs and county Medi-Cal programs agree with implementation of the suspension option.

Once the letter is submitted, a county may immediately begin implementation actions as needed.

2.9 MEDI-CAL REDETERMINATION 2014

DHCS will issue instructions to the county Medi-Cal programs on the transition and redetermination process specific to this population. DHCS anticipates that the redetermination methodology and rules for existing Medi-Cal beneficiaries will apply to this population. DHCS will provide redetermination reports to counties and monitor progress throughout 2014. DHCS recognizes that there will be some differences in how counties maintain the LIHP cases and how much information the Medi-Cal program has in SAWS vs. MEDS.

Counties will be required to:

- Review MEDS Redetermination reports to prepare the cases, including input all necessary data into SAWS if not already in SAWS.
- Review data in MEDS and SAWS as standard practice for MEDS file clearing.
- Contact each individual and obtain tax filing and current household information to prepare the case for MAGI determination via the California Healthcare Eligibility and Enrollment Retention System (CalHEERS) business rules engine.
- Report the new Medi-Cal aid code to MEDS through SAWS after the redetermination, which will terminate the Medi-Cal transition aid code.
- Notify enrollee of the redetermination outcome.

All enrollees must comply with redetermination requirements and cooperate with the counties by providing needed information. Once an eligibility determination is completed, the individual's new eligibility will be reported to MEDS and, at such time, the LIHP to Medi-Cal transition aid code will be shut down by the new eligibility determination – approval or denial. If an individual fails to comply with the redetermination requirements, the county will send a termination notice explaining the reasons for the adverse action, the same process as for all Medi-Cal beneficiaries.

2.10 OPTING OUT OF HEALTH COVERAGE

On January 1, 2014, LIHP MCE enrollees with December 2013 eligibility will be automatically transitioned into the Medi-Cal program. Enrollees who wish to decline Medi-Cal coverage will be directed to request disenrollment by contacting their county Medi-Cal office after the transition. County Medi-Cal eligibility staff will explain the consequences for not having health coverage. County eligibility staff will process the requests and send the individuals a Notice of Action informing them they are being discontinued from Medi-Cal at their request.

LIHP HCCI enrollees will be contacted by a Covered California customer services representative during Covered California's open enrollment period between October and December 2013. If an enrollee does not want to complete an eligibility determination for APTC or other coverage options, including Medi-Cal, they can inform Covered California of their decision. The enrollee would have already been notified by the LIHP that coverage under LIHP would end at midnight on December 31, 2013.

2.11 MEDI-CAL WELCOME PACKET

DHCS will mail a "Welcome to Medi-Cal" packet to all LIHP enrollees transitioning to Medi-Cal using the eligibility data in MEDS as reported by the LIHPs. The first DHCS mailing is scheduled for early December to those enrollees whose information is in MEDS by late November 2013. Individuals whose information has not been reported to MEDS at the time of the first DHCS data pull will be included in subsequent mailings scheduled for late enrollees. The "Welcome to Medi-Cal" packet will include information about the Medi-Cal program and how to obtain help. The packet will contain the following:

- A Medi-Cal Welcome letter
- PUB 68, Medi-Cal What It Means To You
- MC 219, Important Information for Persons Requesting Medi-Cal
- Multilingual notice – Request for assistance
- A list of county telephone numbers for Medi-Cal inquiries

2.12 BENEFIT IDENTIFICATION CARDS (BIC)

DHCS will use MEDS eligibility data file to mail a BIC to enrollees in mid-December 2013. County Medical Services Program's (CMSP) Path2Health LIHP program enrollees currently receive a BIC during Path2Health enrollment. After the transition, the BICs issued to CMSP LIHP enrollees will work for Medi-Cal. Therefore, if a beneficiary is identified in MEDS as having a BIC issued to them within the previous 12 months, they will not receive a new BIC. Enrollees who lost or misplaced their BIC can request a replacement by contacting their county Medi-Cal office after January 1, 2014.

2.13 MEDS DATA FILES/LATE MCE ENROLLEES

Transition activities are dependent on LIHPs reporting eligible enrollees to MEDS by October 15, 2013. There are many major activities that occur based upon information available in MEDS, two that affect eligibility are: 1) the initiation of enrollment into a managed care plan in January 2014; and 2) the distribution of BICs and Medi-Cal Welcome Packets (although the administrative move described in Section 2.3 will occur in late December, in order to have BICs in hand for January, this process is initiated in late November).

In the 2nd half of October, DHCS initiates the plan choice and assignment process to facilitate enrollment into MCPs for January 2014. This timing is necessary to prepare for and produce the Plan Choice Notice no later than 60 days prior to transition. LIHP enrollees whose eligibility is reported to MEDS after the timing of the October MEDS (which will occur between October 15 and 26) data extract for the Plan Choice Notice will be considered 'late' enrollees for the LIHP transition.

In order to maximize the number of enrollees that transition directly into MCPs on January 1, 2014, DHCS is planning to perform another MEDS extract in preparation for the Plan Choice/Assignment Reminder Notice (which will occur between November 15 and 26). At this time, when most MCE enrollees will receive a reminder notice, 'late' enrollees, reported to MEDS since the late October MEDS extract will also receive a notice. This notice will be the Plan Choice/Assignment Reminder Notice and will identify the Plan they will be assigned to for January 1, 2014 if they do not make a different choice by mid-December.

For enrollees whose eligibility is reported to MEDS after the November MEDS extract for the reminder notice, or are retroactively reported to MEDS for December 2013 eligibility, DHCS will perform subsequent administrative moves and assignments of the Medi-Cal transition aid codes between January and March 2014 on a schedule yet to be determined. These beneficiaries will also receive the managed care choice notices (if applicable in their county of residence), Medi-Cal Welcome Packet and BIC. DHCS is developing a schedule for these late enrollees that will include subsequent administrative moves in order to minimize gaps in eligibility and disruptions in care. These enrollees will be transitioned into the FFS program of Medi-Cal as of 1/1/2014 until their managed care plan assignment process is completed.

DHCS recognizes the LIHPs will continue to enroll new eligibles until December 31, 2013. DHCS will engage LIHPs and county Medi-Cal programs to coordinate efforts for transitioning late enrollees. The MEDS extracts will continue until March 2014 to capture enrollees who, due to unusual circumstances are made eligible for LIHP retroactively and reported to MEDS for prior months up to December 2013.

Because County Operated Health System (COHS) plans receive their notice of enrollment through a different process than other managed care plans, and because there is no 'plan choice', there may be different options for 'late' enrollee transitions in these counties. DHCS will work with the COHS plans and consider additional processes to facilitate 'late' enrollee entry into the COHS plans.

3 ENROLLMENT

MCE enrollees who transition into Medi-Cal will be enrolled in, and served through, the Medi-Cal managed care system of care. Beneficiaries will receive an assigned primary care provider (Doctor or Clinic), assistance in obtaining access to services and providers, care coordination as needed, and many other benefits that a managed care delivery system provides.

3.1 PLAN CHOICE & ASSIGNMENT

To facilitate continuity of primary care, MCE enrollees who transition to Medi-Cal MCPs will maintain their LIHP primary care provider to the extent possible according to the process identified in Section 14005.61(c) of the Welfare and Institutions Code, added by ABX1 1 of the 2013 Special Legislative Session (see Appendix I).

4 CONTINUITY OF CARE

Maintaining continuity of care during a transition of health coverage is a primary goal for the California Department of Health Care Services (DHCS). This section describes DHCS strategies to maximize continuity during the Low Income Health Program (LIHP) transition to Medi-Cal for 1) specific elements of care for all populations, and 2) for certain populations that may require additional assistance to facilitate a smooth transition. These strategies reflect a combination of current Medi-Cal procedures and legal requirements, and some strategies specific to the LIHP transition.

4.1 PROVIDER AND SERVICE CONTINUITY

DHCS will employ the following additional strategies to facilitate continuity of care:

- Medi-Cal beneficiaries enrolled in a MCP are protected under Welfare and Institutions Code Section 14185, which ensures the timely and efficient processing of authorization

requests for drugs, when prescribed for plan enrollees that are covered under the terms of the plan's contract with DHCS and require prior authorization from the plan.

- Medi-Cal beneficiaries enrolled in a MCP are also protected under Health and Safety Code Section 1373.96, which states that completion of covered services shall be provided by a nonparticipating provider to a newly covered enrollee who, at the time his or her coverage became effective, was receiving services from that provider for one of the conditions described in subdivision “c” of that section (to the extent that the provider 1) meets certain quality requirements and 2) agrees to provide services for the plan). Section 1373.96 applies for the following conditions:
 - Acute Condition (for example, pneumonia) - As long as the condition lasts
 - Serious Chronic Condition (for example, severe diabetes or heart disease) - No more than 12 months. Usually until you complete a period of treatment and your doctor can safely transfer your care to another doctor
 - Pregnancy - During Pregnancy and immediately after the delivery (the post-partum period)
 - Terminal Illness - As long as the person lives
 - Care of a Child under 3 years - For up to 12 months
 - An already scheduled surgery or other procedure (for example, knee surgery or colonoscopy) - The surgery or procedure must be scheduled to happen within 180 days
- DHCS will partner with the LIHPs to identify providers that are not part of the Medi-Cal managed care networks in an area. These may include mental health providers and providers caring for enrollees with HIV/AIDS. By September 2013, DHCS will provide area-specific lists of non-participating providers to Medi-Cal plans to assist plan efforts to enroll these providers, when appropriate.
- Plan enrollment notices will be provided at least 60 days prior to January 1, 2014. These notices will include information about available plan choices and the provider networks of the available plans.

4.2 BENEFICIARY HEALTH CARE INFORMATION AND HEALTH ASSESSMENTS

DHCS will facilitate the transition of necessary beneficiary information from LIHPs to MCPs.

- DHCS will transfer enrollee LIHP utilization data to the enrollee's MCP to facilitate the plan's coordination of the enrollee's care approximately 30 days prior to enrollment in the MCP. MCPs and LIHP will develop data sharing agreements to govern the protection of Protected Health Information (PHI) during the transfer process. This information transfer is allowable under State and federal rules governing PHI – LIHPs and MCPs are business associates of Medi-Cal and the transfer is necessary for continuity of care of Medicaid beneficiaries.

- DHCS will work with LIHP programs and MCPs to facilitate continuity and transfer of open LIHP treatment authorizations directly from LIHPs to MCPs. This will be done as a data transfer prior to the transition, if possible. If a data transfer is not feasible, DHCS will facilitate development of an alternate process to transfer open authorization information from LIHPs to plans.
- DHCS will provide guidance to LIHP programs and MCPs regarding authorization and scheduling of services and drug prescriptions that will occur or continue post transition. The goal of this guidance will be to ensure that health care needs that are identified by LIHPs, but because of timing of the transition will need to be provided by MCPs, will be provided post-transition with no unnecessary delay. This will require that LIHPs continue to identify and document services needs and medical necessity justifications through the end of LIHP coverage, as they would if they were authorizing a service that they would provide. This information will be transferred from LIHPs to MCPs within a reasonable timeframe so the MCP can document, approve, and schedule needed services or drug prescriptions. Open authorization information sharing should occur, as needed, 30 days prior to the transition. This timing aligns with the transition of beneficiary utilization data noted above, which will occur 30 days prior to transition and will assist the authorization process.
- The LIHP is an organized and managed delivery system that has a usual and customary provision of primary care. Because of Initial Health Assessment (IHA) requirements in LIHP, most beneficiaries who are transitioning to Medi-Cal will have had a health assessment completed within the LIHP programs prior to the transition. In addition, most beneficiaries will be assigned to the same primary care provider (doctor/clinic) after the transition. These factors eliminate the need to require that new IHAs are completed for every transitioned LIHP enrollee. The requirements for the transitioning LIHP population are as follows:
 - If an enrollee is transitioned to the same PCP they had in LIHP, an IHA had been completed in the last 12 months, and no change in life circumstances has occurred, then there is no requirement for an IHA
 - If an enrollee is transitioned to a different PCP than what they had in the LIHP, then an initial IHA is required within 120 days according to the current requirements for new populations enrolling in Medi-Cal managed care plans. In addition, a transitioned LIHP enrollee may request to have an IHA within 120 days of enrolling.
- DHCS will continue to work with stakeholders to develop processes involving beneficiary and provider outreach to ensure continuity of care for populations that have specific transition needs.

4.3 ACCESS, NETWORK ADEQUACY, AND QUALITY MONITORING

All MCE enrollees who are transitioned into Medi-Cal will be enrolled in MCPs. Plans are required to facilitate access to, and coordination of, services. DHCS will work with plans to ensure access and quality as follows:

- DHCS will work with MCPs to ensure that plan provider networks are adequate to serve the newly enrolling population, including the MCE enrollees and other ACA Medicaid expansion “New Adult Group” enrollees, as required under state law and federal requirements. DHCS will work with MCPs to address any identified network adequacy issues.
- DHCS has methods in place to monitor and measure quality, enrollment, financial, access, and enrollee satisfaction measures. Projects are under way to 1) improve the quality of encounter data received from the plans, which is critical for monitoring, and 2) develop an enhanced Medi-Cal managed care dashboard that will tell the story of what is happening in Medi-Cal managed care at a statewide aggregate, plan model, and individual plan level.
- MCPs will submit quarterly data reports to DHCS which will include information about the transitioning population, including continuity of care information.

4.4 BENEFIT, FORMULARY AND AUTHORIZATION CHANGES

In general, Medi-Cal will provide a broader array of benefits, and similar formulary options as compared to the LIHP programs. However, there may be limited instances where a LIHP program provides a specific benefit that Medi-Cal does not provide, or provides a benefit or drug with different limitations or processes for authorization. Transitioned enrollees will not have access to services that are not provided under Medi-Cal. DHCS will develop information on these differences:

- DHCS will develop a comparison of LIHP to Medi-Cal Managed Care benefits, formularies, and authorization requirements. As part of the analysis, DHCS will address differences that may affect mental health care and HIV/AIDS care.
- Based on the results of this analysis, DHCS will determine what, if any, strategies are needed to maximize continuity of care and promote awareness of any key differences by enrollees, plans, providers, and other stakeholders.
- The benefit package for the ACA Medicaid expansion “New Adult Group,” which includes the LIHP population transitioning to Medi-Cal will include all current Medi-Cal benefits. (Long Term Care will have an asset test subject to federal approval.) In addition, in 2014, non-specialty mental health services will be carved into the MCPs, certain Substance Use Disorder Benefits will be added as Medi-Cal benefits, and expanded Adult Dental benefits will be available by May 2014. These additions should aid continuity of care for these services during the transition.

- DHCS will inform LIHP enrollees about how to access assistance from their MCP regarding available benefits, drugs, and authorization processes.
- Information on any significant differences will be made available to providers and LIHPs by October 2013 to facilitate adequate planning and treatment authorization requests from patients and providers to continue treatment or develop a new care plan.

4.5 COVERED CALIFORNIA

- Most LIHP enrollees who have income above the threshold for Medi-Cal eligibility will be eligible for Advanced Premium Tax Credits for coverage through Covered California (California's Health Benefit Exchange). A small number may be ineligible due to an offer of affordable coverage through their employer or a family member's employer.
- DHCS will coordinate with Covered California to enable Covered California and LIHPs to notify enrollees who may be eligible for tax credits to facilitate the purchase of insurance coverage. An outreach plan for those potentially eligible for coverage through Covered California will be developed by Covered California in conjunction with stakeholders. Covered California will be included on the LIHP Transition Planning Workgroup to provide information and assist in continuity and collaboration between DHCS and Covered California.
- The Medi-Cal managed care continuity of care requirements noted above under Welfare and Institutions Code Section 14185 and Health and Safety Code Section 1373.96 are also applicable to coverage through Covered California.

4.6 SPECIAL POPULATIONS

Certain populations within the Low Income Health Program (LIHP) may require additional assistance to facilitate a smooth transition. Four potential groups have been identified and are described below. DHCS, with the assistance of the LIHP Transition Planning Workgroup, UCLA Center for Health Policy Research and UC Berkeley Center for Labor Research and Education, and other stakeholders will assess the need for specific strategies for these groups:

1. Enrollees receiving mental health services: These enrollees may have unique medication needs and a need to maintain continuity with their current provider of services. Any formulary, authorization process, and provider network differences in Medi-Cal managed care could present challenges for continuity of care (a comparison analysis is ongoing). DHCS will utilize

the strategies noted in the sections above maximize continuity and will also consult with stakeholders regarding other potential strategies.

2. Transitioning clients eligible to receive care funded by the HIV/AIDS Treatment Extension Act of 2009 (Ryan White) and those living with HIV/AIDS: LIHP enrollees receiving care for HIV/AIDS have unique medication needs and their primary provider may not be the provider who manages their complex care. Past transitions for Ryan White clients have demonstrated a need for careful planning for individuals to have access to their medications, a prescription renewal schedule that mimics the pre-transition schedule and access to providers familiar with their case.

3. Enrollees who are homeless: Reaching enrollees who are homeless with communications about the transition and coverage in Medi-Cal managed care will require specific strategies. Individual county approaches to reaching the homeless in their geographic area will be considered to promote successful communication about the transition.

4. Enrollees with open treatment authorizations or those undergoing treatment at the time of the transition: In addition to the specific conditions noted above, LIHP enrollees will have other complex conditions that require continuity of services through the transition. As noted in the sections above, there are continuity protections for enrollees entering Medi-Cal Managed Care, including LIHP enrollees. And a process will be developed to transfer open authorization information from LIHPs to MCPs.

5 COMMUNICATION AND OUTREACH OVERVIEW

DHCS will develop and partner with local LIHPs and stakeholders on a communication and outreach effort for the transition of LIHP enrollees to Medi-Cal and other available coverage options. The communication and outreach effort will be developed with the assistance of the LIHP Transition Planning Workgroup, the UCLA Center for Health Policy Research and the UC Berkeley Center for Labor Research and Education. It will include a general notification of the upcoming transition, enrollment and plan selection notification and choice packet, telephone assistance, transition webpage and outreach to providers, community based organizations and advocacy groups.

DHCS will coordinate with Covered California to enable Covered California and LIHPs to notify enrollees who may be eligible for tax credits to facilitate the purchase of insurance coverage. An outreach plan for those potentially eligible for coverage through Covered California will be developed by Covered California in conjunction with stakeholders. Covered California will be included on the LIHP Transition Planning Workgroup to provide information and assist in continuity and collaboration between DHCS and Covered California.

This following table outlines the general timing for the major LIHP Transition communication activities between July and December, 2013. Numerous communication activities have occurred prior to this timeframe. In addition, at the end of the transition, final transition communication activities from Medi-Cal Managed Care Plans and Qualified Health Plans under Covered California close out the transition communications and initiate ongoing enrollee communications.

Month	Communication Item
June/July 2013	Continuity of Care In person Meeting
August 2013	Communication for LIHPs/FAQs available
	Communication & Outreach Plan – Revised
	DHCS LIHP Transition Website live
	Transition Webinar
	LIHP Convening
September 2013	Regional Meeting (1)
	MCE Transition Notice
	Covered California Transition Notice
	Regional Meetings (3)
November 2013	Plan Choice Notice
December 2013	Plan Choice/Assignment Reminder Notice
	BIC / Welcome Packet

5.1 TRANSITION NOTIFICATIONS FOR MCE ENROLLEES

There will be a number of notifications sent to MCE enrollees regarding the transition to Medi-Cal. As a result of stakeholder feedback regarding notices and communications for the LIHP transition, DHCS is planning for three notices and a few other communications to the MCE enrollees, described as follows:

- General Notice – the first notice and is an introduction to the transition and provides additional information regarding next steps in the transition.
- Plan Choice Notice – this communication is regarding Medi-Cal Managed Care Plan (MCP) choice that MCE enrollees are provided.
- Plan Choice/Assignment Reminder Notice – which reminds enrollees of their opportunity to choose and identifies the plan they will be defaulted to if no choice is made.

The Plan Choice Notice and the Plan Choice/Assignment Reminder Notice facilitate the enrollment of MCE enrollees into the MCPs that will start providing health care in 2014.

In addition, there two other communication activities for the MCE enrollees:

- Medi-Cal Welcome Packet – this packet is provided to all new Medi-Cal enrollees and provides information about the Medi-Cal program.
- BIC & Notice – the Beneficiary Identification Card (BIC) and Information Notice are used by Medi-Cal beneficiaries to confirm eligibility and secure Fee For Service benefits if needed.

Appendices A-D contain a brief description of each notice, information regarding the content of the notice, and the processing activities for the notice. Initial drafts of the General Notice, for COHS and non-COHS counties, are provided in Appendix A. Initial drafts of the other notices are still in development.

Unique communication situations for COHS counties are discussed in a later section of the plan.

In addition to the notices described in this plan, the MCPs will also send notices to the enrollees. During the last few days of December 2013, MCPs will receive information regarding their enrollees for January 2014. The MCPs will notify their beneficiaries through a variety of channels with MCP specific messages. MCPs will send benefit cards and welcome packets to their transitioned enrollees by January 10, 2014.

5.2 TRANSITION NOTIFICATIONS FOR HCCI ENROLLEES

The LIHPs and DHCS will initially notify the HCCI population regarding the transition from LIHP to Covered California. The specifications regarding this notice are in Appendix E. DHCS and Covered California are working together to allow Covered California to perform outreach to HCCI enrollees following the release of this notice.

5.3 TRANSITION INFORMATION FOR COUNTIES: LIHPS, SOCIAL SERVICES, ETC.

Certain counties have unique situations in the LIHP transition. These topics may impact the LIHP, the social services organization and/or other parts of each county.

5.3.1 COMMUNICATION PRIOR TO NOTICES

Due to stakeholder feedback and other timing considerations, the number of transition notices has been reduced and the distribution has been moved later in the year, as shown in the chart above. As a result, LIHPs and other stakeholders have not yet received DHCS-approved communication regarding the transition that they can share with their enrollees and other interested parties.

DHCS will develop approved information that LIHPs can use to answer questions from enrollees and other stakeholders. Initially these talking points will be in the form of Frequently Asked Questions (FAQ's). The draft FAQ's are available for review in Appendix G. After review, they will be available on the LIHP Transition website and a link will be forwarded to the LIHPs. As the LIHP Transition website expands, additional transition information will be available for LIHPs and other stakeholders.

5.3.2 COUNTY ADDITIONS TO TRANSITION NOTICES

Several counties have requested the ability to provide separate notices or append information to the DHCS notices for this transition. Any notice regarding the transition, or proposed additional notice language, will need to be submitted to DHCS for review and approval prior to being distributed to LIHP enrollees. DHCS will support information disclosed to enrollees that facilitates awareness of the transition. DHCS will not approve notices that conflict with existing legal requirements or are in conflict with established DHCS policies, such as restrictions against marketing to beneficiaries.

5.3.3 ALTERNATIVE COMMUNICATION METHODS

Several counties have commented that for their LIHP programs, alternative methods of communication are necessary to reach individuals who are not easily contacted by mail. DHCS will consider counties requests for alternative communications on a county by county basis. DHCS will support information disclosed to enrollees that facilitates awareness of the transition. DHCS will not approve notices that conflict with existing legal requirements or are in conflict with established DHCS policies, such as restrictions against marketing to beneficiaries.

5.3.4 COUNTY OPERATED HEALTH SYSTEMS

DHCS recognizes that the COHS counties each have a single health plan for Medi-Cal Managed Care. Therefore, some of the enrollee choice concepts noted in transition notices above do not apply. DHCS has developed separate notices for COHS counties to accommodate this situation. In addition, because some COHS plans are already acting as Third Party Administrators for certain LIHP programs, data exchanges to facilitate the LIHP transition to Medi-Cal may be different than for other counties/LIHPs. DHCS will discuss specifics of transition planning with individual COHS counties upon request. COHS counties should review the COHS specific notices and other processes and identify any issues for their county.

5.4 OUTREACH TO PROVIDERS, CONSUMER GROUPS, COUNTY AND COMMUNITY-BASED ORGANIZATIONS

Outreach to front-line county personnel (ex. County Departments of Mental Health, Public Health, Social Services), patient advocacy groups, associations (clinic, hospital, counties, etc.), community based organizations, LIHPs and other provider and consumer stakeholders will begin in August 2013 prior to the mailing of notices to LIHP enrollees. The purpose of the outreach will be to prepare front-line personnel to answer questions by LIHP enrollees, provide the transition timeline and describe actions required by enrollees to navigate the transition process.

Methods of outreach related to the transition process, timeline of notifications and plan and provider assignment processes include regional meetings, webinars, trainings, creation and distribution of a Frequently Asked Questions document and sharing of communications between DHCS, Covered CA and the LIHPs prior to notifications being provided to LIHP enrollees.

5.4.1 Regional Meetings for Community Based Organizations, Providers and STAKEHOLDERS

Stakeholder engagement in the transition will be promoted through at least four regional meetings, provided by UCLA and DHCS, to share information about the transition and answer questions. The current locations and dates are as follows:

- Los Angeles on August 27th
- Oakland on September 5th
- Sacramento on September 11th
- Location to be determined on September 26th

In addition to the four regional meetings noted above, DHCS and UCLA are evaluating the possibility of adding two more regional meetings, in Redding and San Diego.

The regional meetings will:

- Include a representative from DHCS, UCLA and at least one local LIHP
- Describe income eligibility levels for Medi-Cal and Covered California
- Provide and explain the timeline for transition activities
- Review planned communications
- Provide contact information for assistance
- Describe the transition plan based on the region's participation in Medi-Cal Managed Care

5.4.2 Webinars – June-August 2013

Two public webinars have been provided by DHCS, and one is forthcoming to promote communication and transition plans related to:

- 1) Communications and Outreach
- 2) Continuity of Care for the Transition
- 3) Revised Transition Plan

5.4.3 Frequently Asked Questions (FAQs)

Initial FAQs for LIHPs and other stakeholders are in draft form in Appendix F and are discussed in Section 5.3.1 above. Additional FAQ's will be developed and made available via the LIHP Transition webpage periodically.

5.4.4 Sharing of Communications by DHCS and Covered CA

To assist transition stakeholders to be prepared to answer questions of LIHP enrollees, LIHPs and county personnel will receive LIHP enrollee notice content prior to the notices being delivered to the LIHP enrollees. Notices will be made available to stakeholders via the web simultaneous with their release to the LIHP enrollees.

5.5 TRANSITION ASSISTANCE

Throughout the transition, DHCS will make the transition activities, timeline, and contact information for the Medi-Cal program and *Covered California* available to LIHP enrollees, health plans, advocacy groups, community-based organizations, LIHPs, *Covered California* (including service-center staff) and enrollment assistors. Enrollees will be informed regarding how to access transition assistance in all communications in the required threshold languages. Telephone assistance will be available in all threshold languages.

5.5.1 POINT OF CONTACT FOR ASSISTANCE

- Throughout 2013, transition assistance related to the LIHP will be handled by each LIHP.
- After Medi-Cal Eligibility and Enrollment Notices are sent, Medi-Cal program support will be available for Medi-Cal LIHP enrollees through DHCS' established processes for Medi-Cal eligibility issues (local Medi-Cal Offices and the Medi-Cal Ombudsman) and managed care enrollment changes (Health Care Options).
- After *Covered California* Eligibility Notices are sent, *Covered California* service center staff will provide assistance to LIHP enrollees who are eligible for Advanced Premium Tax Credits (APTC) and/or cost-sharing subsidies.

5.6 LIHP TRANSITION WEBPAGE

DHCS will develop an informational consumer-friendly 'Transition to 2014' website that will be live in August 2013. DHCS will provide updates on its LIHP Transition webpage throughout 2013 to provide relevant information for beneficiaries, LIHPs, health plans, county and community-based organizations and other stakeholders. Throughout the transition and notification period, the webpage will provide access to the transition schedule, timeline of events and contact information for each stage of the transition.

6 APPENDICES

- A. MCE Transition to Medi-Cal Notice
- B. Plan Choice Notice
- C. Plan Choice/Assignment Reminder Notice
- D. Medi-Cal Welcome Packet, & BIC Notice
- E. Covered California Eligibility Notice
- F. LIHP Communication Information (FAQ's)
- G. Transition Timeline – Eligibility, Enrollment, Continuity of Care
- H. County by County – LIHPs & Medi-Cal Managed Care Plans
- I. 2013 Special Legislative Session – LIHP Transition excerpt from ABX1 1

Appendix A: MCE Transition to Medi-Cal Notice

The MCE Transition to Medi-Cal Notice is intended to advise MCE enrollees that they will be transitioned into Medi-Cal. It provides details regarding the transition and informs the enrollees about the next notice they will receive, the Plan Choice Notification in November 2013.

Information to be included in the MCE Transition to Medi-Cal Notice:

- 1) Notice of Medi-Cal eligibility and description of next steps for the transition to Medi-Cal
- 2) LIHP will continue to provide their health coverage until December 31, 2013
- 3) Contact information for assistance
- 4) Emphasis will be placed on the importance of reviewing the information and taking steps to maintain health coverage before LIHP ends to enable their transition to Medi-Cal
- 5) LIHP-MCE enrollees should expect another communication from Medi-Cal around November 1st, 2013 explaining health plan choice and primary care provider options in their county of residence.

Processing of the MCE Transition to Medi-Cal Notice:

- 1) DHCS will develop the notice, solicit feedback from stakeholders, and finalize the notice.
- 2) DHCS will translate the notice into the thirteen State threshold languages. Counties will translate any additional languages required.
- 3) DHCS will provide proofs to LIHPs.
- 4) LIHPs will produce and distribute notices to their enrollees.

Draft Notices are included on the next few pages. The first notice is the non-COHS notice, the second notice attached is the COHS notice.



State of California-Health and Human Services Agency
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850



<Head of Household>
<Address Line>
<City, State, Zip Code>

Date

Important Information

About the [LIHP program name] program move to Medi-Cal

Dear [NAME]:

New federal health care laws will add a new program to Medi-Cal that will cover your health care. Your eligibility for health benefits will move from the **[LIHP program name]** to the Medi-Cal Program beginning January 1, 2014. On December 31, 2013, the **[LIHP program name]** Low Income Health Program will end. You will not have to do anything to be enrolled into Medi-Cal. You will be automatically enrolled if you are in [LIHP program name] in December 2013.

You do not have to do anything now. Your benefits through **[LIHP program name]** will not be changed. You will continue to get all of the same services you get now until December 31, 2013.

You will get packets from the state in a few weeks with more information about the move to Medi-Cal, the Medi-Cal health plans available in your county and contact information if you have questions. The packets will also have information on how you can choose the plan and doctor that is best for you.

Important!

Until January 1, 2014, you are still in the **[LIHP program name]** Low Income Health Program. To keep your health coverage, you need to:

- Be sure to respond to all letters about your eligibility review or status.
- Call **[county program name]** to let them know if your income, address or phone number changes.
- Check for important news about your move to Medi-Cal. You may receive information by mail, phone or email.

Please visit the Department of Health Care Services website, at www.dhcs.ca.gov, to learn more about the Medi-Cal program. If you have any questions about your move from **[LIHP program name]** to the Medi-Cal Program, please call or visit **[LIHP program name]** online:

[LIHP program name and phone number]

[LIHP program Website link]



State of California-Health and Human Services Agency
Department of Health Care Services

P.O. Box 989009, West Sacramento, CA 95798-9850



<Head of Household>
<Address Line>
<City, State, Zip Code>

Date

Important Information

About the [LIHP program name] program move to Medi-Cal

Dear [NAME]:

New federal health care laws will add a new program to Medi-Cal that will cover your health care. Your eligibility for health benefits will move from the **[LIHP program name]** to the Medi-Cal Program starting January 1, 2014. On December 31, 2013, the **[LIHP program name]** Low Income Health Program will end. You will not have to do anything to be enrolled into Medi-Cal. You will be automatically enrolled if you are in [LIHP program name] in December 2013.

You do not have to do anything now. Your health benefits through [LIHP program name] will not be changed. You will get all of the same services you get now until December 31, 2013.

You will get packets from the state in a few weeks. They will have more information about the move to Medi-Cal, the Medi-Cal health plan in your county and contact information if you have questions.

Important!

Until January 1, 2014, you are still in the **[LIHP program name]** Low Income Health Program. To keep your health coverage, you need to:

- Be sure to respond to all letters about your eligibility review or status.
- Call **[LIHP program name]** to let them know if your income, address or phone number changes.
- Check for important news about your move to Medi-Cal. You may get information by mail, phone or email.

Please visit the Department of Health Care Services website, at www.dhcs.ca.gov, to learn more about the Medi-Cal program. If you have any questions about your move from **[LIHP program name]** to the Medi-Cal Program, please call or visit **[LIHP program name]** online:

[LIHP program name and phone number]
[LIHP program Website link]

Appendix B: Plan Choice Notice

DHCS will use Health Care Options (HCO) to facilitate communications regarding Medicaid Managed Care Plan enrollment and plan selection. This method enhances efficiency and minimizes administrative burden as established processes will be utilized to facilitate enrollment into the new MCPs. In addition, building on experience will enable DHCS and HCO to improve member experiences and provide a smooth transition that meets a wide variety of member needs. Communications will recognize differences in coverage options as necessary.

LIHP enrollees who will be eligible for Medi-Cal on January 1, 2014 and live in a non-COHS county will receive a MCP choice notification and an enrollment packet approximately 60 days prior to January 1, 2014. The packet will include the process for choosing a MCP, if multiple options are available, and the information an enrollee would need to make an informed choice about the available plan options. LIHP enrollees who will be eligible for Medi-Cal on January 1, 2014 and live in a COHS county will receive a notice letting them know that as of January 1, 2014, they will be enrolled into the managed care plan available in their county.

Information to be included in the Plan Choice Notice:

- 1) Remind LIHP enrollees of the transition into Medi-Cal.
- 2) Identify the plans that contain his or her existing LIHP PCP.
- 3) Inform enrollees they do not need to take any action to be enrolled into Medi-Cal, and if they do nothing, DHCS will enroll them with a plan that includes their current LIHP PCP, to the extent possible.
- 4) Inform enrollees that they can choose a plan, if more than one is offered in their county, prior to January 1, 2014.
 - a. A packet of information about the available plans and providers (in the LIHP enrollee's county), and instructions about how to choose plans, will be provided.
 - b. Those who wish to choose a plan can do so through HCO.
- 5) Inform enrollees that if they want to select a different PCP, they can work with their Plan in January of 2014 to do so.
- 6) Inform enrollees how to decline enrollment into the Medi-Cal program and what it means for their health care coverage if they decline.

Processing of the Plan Choice Notice:

- 1) At least 60 days before January 1, 2014.
- 2) DHCS will develop the notice, solicit feedback from stakeholders, and finalize the notice.
- 3) DHCS will translate the notice into the thirteen State threshold languages.
- 4) DHCS, through HCO, will produce and distribute notices to the enrollees.
- 5) Notice will include a choice packet, in counties where there is a choice of plans.
- 6) Plan choice is based upon enrollee information present in MEDS.

Draft notice language follows: *Still in development*

DRAFT

Appendix C: Plan Choice/Assignment Reminder Notice

The Plan choice/assignment reminder notice will be sent to enrollees that have not yet made a choice of health plan from the plans available in their county. This notice would be sent to enrollees that received the Plan Choice Notification that have not recorded a choice with Health Care Options. It reminds them that they can make a choice, but if they do not want to, a health plan assignment will be made for them.

In addition, this notice will be sent to new enrollees that have enrolled into the LIHP program since the original Plan Choice Notice was mailed. The reason for including them in this notice is to transition them into Managed Care on January 1, 2014 instead of FFS. These 'late' enrollees will not have the same time for plan selection as earlier enrollees, but will be provided the required information and contact information to assist in the plan selection process through HCO.

Information to be included in the Plan Choice/Assignment Reminder Notice:

1. Summarized content from the Plan Choice Notice
2. Inform enrollees they do not need to take any action to be enrolled into Medi-Cal, and if they do nothing, DHCS will enroll them with a plan that includes their current LIHP PCP, to the extent possible.
3. Inform enrollees of the plan they will be assigned if they do not make a choice.
4. Inform enrollees that they can choose an alternate plan, through HCO, within the next few weeks, to be effective for January 1, 2014.
5. Inform enrollees that if they want to select a different PCP, they can work with their Plan in January of 2014 to do so.

Processing of the Plan Choice/Assignment Reminder Notice:

- 1) Approximately 30 days before January 1, 2014.
- 2) DHCS will develop the notice, solicit feedback from stakeholders, and finalize the notice.
- 3) DHCS will translate the notice into the thirteen State threshold languages.
- 4) DHCS, through HCO, will produce and distribute notices to the enrollees.

Draft notice language follows: *Still in development*

Appendix D: Medi-Cal Welcome Packet, & BIC Notice

Medi-Cal Welcome Packet

LIHP enrollees who are eligible for Medi-Cal will receive a Welcome Packet that contains information about Medi-Cal.

Information to be included in the Medi-Cal Welcome Packet:

- 1) Welcome to Medi-Cal letter
- 2) Medi-Cal What It Means To You Brochure
- 3) Important Information for Persons Requesting Medi-Cal
- 4) Multilingual Notice
- 5) County Listing and Phone Numbers

Processing of the Medi-Cal Welcome Packet:

- 1) Within 30 days before January 1, 2014.
- 2) DHCS will translate the Welcome Packet into Spanish.
- 3) DHCS will produce and distribute the Welcome Packet to the enrollees.

Beneficiary Identification Card (BIC) and Information Notice

LIHP enrollees who are eligible for Medi-Cal will receive a BIC with an Information Notice regarding on how to use the card. If a beneficiary has received a BIC within the prior 12 months, they will not automatically receive another BIC.

Information to be included in the BIC Information Notice:

- 1) How and when to use the card to access health services.
- 2) How to get a replacement card if necessary
- 3) Inform beneficiaries that they will be getting a separate card from their managed care health plan.

Processing of the BIC Information Notice:

- 1) Within 30 days before January 1, 2014.
- 2) DHCS will develop the notice, solicit feedback from stakeholders, and finalize the notice.
- 3) DHCS will translate the notice into Spanish.

DHCS will produce and distribute the BICs and information notice to the enrollees.

Appendix E: Covered California Eligibility Notice

LIHP HCCI enrollees potentially eligible for subsidized health coverage will receive notification and instructions on the steps required to be enrolled in a health plan through Covered California. This notice will be sent at the same time, to the extent possible, as the MCE Medi-Cal Enrollment Notice is sent by LIHPs during September 2013.

Information to be included in the Covered California Eligibility Notification:

- 1) LIHP will continue to provide their health coverage until December 31, 2013
- 2) Explanation of why LIHP enrollee is likely eligible for Covered California and if subsequently determined eligible for Medi-Cal, how their transition will be handled.
- 3) Opportunity to receive reduced rates for health insurance premiums and cost-sharing
- 4) General Information on premium and cost sharing subsidies and choice of plans
- 5) Clear instructions on next steps with emphasis on the need to take further steps to maintain health coverage after December 31, 2013
 - a. Contact information for service center staff knowledgeable about the LIHP to Covered California transition
 - b. Instructions for logging on to Covered California
 - c. Provide resources to contact Assister or Navigator grant agencies to facilitate enrollment
- 6) LIHP-HCCI enrollees should expect a telephone call from Covered California between October –November 2013 in order to explain health coverage choices and options for financial assistance with coverage.

Processing of the Covered California Eligibility Notification:

- 1) DHCS and Covered California will develop the notice, solicit feedback from stakeholders, and finalize the notice.
- 2) DHCS will translate the notice into the thirteen State threshold languages. Counties will translate any additional languages required.
- 3) DHCS will provide proofs to LIHPs.
- 4) LIHPs will produce and distribute notices to their HCCI enrollees.

Draft notice language follows:



State of California-Health and Human Services Agency
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850



<Head of Household>
<Address Line>
<City, State, Zip Code>

Date

Important information about the [LIHP program name] program move to Covered California

Dear [NAME]:

New federal health care laws have created a program called "Covered California" where you can get health insurance. Covered California is a new, easy-to-use program where you can compare and choose health coverage that works best for you. Your eligibility for health benefits will move from the [LIHP program name] to Covered California beginning January 1, 2014. On December 31, 2013, the [LIHP program name] Low Income Health Program will end.

You do not have to do anything now. Your benefits through [LIHP program name] will not be changed. You will continue to get all of the same services you get now until December 31, 2013.

During October or November, you will get a telephone call from a Covered California representative who will help you apply for health insurance coverage. They will explain your choices and work with you to get affordable health insurance. Covered California will help you see if you qualify for free coverage such as Medi-Cal or low cost programs such as private health insurance.

IMPORTANT!

Until January 1, 2014, you are still in the [LIHP program name] Low Income Health Program. To keep your health coverage you need to:

- Be sure to respond to all letters about your eligibility review or status.
- Call [LIHP program name] to let them know if your income, address or phone number changes.
- Check for important news about your move to Covered California. You may get information through the mail, by phone or email.

For more information about Covered California, visit www.CoveredCA.com. Please visit the Department of Health Care Services website, at www.dhcs.ca.gov, to learn more about the Medi-Cal Program. If you have any questions about your move from [LIHP program name] to Covered California, please call or visit [LIHP program name] online:

[LIHP program name and phone number] [LIHP program Website link]



Frequently Asked Questions

About moving from [LIHP Program name] to Covered California

Why is the [LIHP program name] Low Income Health Program changing?

The Low Income Health Program is a short-term county program. The new health care laws created a new program to provide affordable health insurance coverage.

Is the [LIHP program name] Low Income Health Program still my health coverage program?

Yes. You will still get health benefits from the [LIHP program name] Low Income Health Program until December 31, 2013. Covered California will help you get health insurance after December 31, 2013.

Will I need to apply for Covered California? Do I need to do anything to keep my health coverage?

Yes. A Covered California representative will help you fill out an application for private health insurance or a free program such as Medi-Cal. The State already has your information and will give it to Covered California so they can contact you.

What if I don't want coverage through Covered California?

If you do not want health coverage through Covered California, you can let us know by calling [Covered California phone number]. If you do not enroll in Covered California, your health coverage will end on December 31, 2013 and you will have to pay for your own health care.

What if I can't afford coverage through Covered California?

A Covered California representative can see if you qualify for a free program such as Medi-Cal, or get help to pay for part of your health plan costs.

Will I have co-payments?

You may have to pay a co-pay for certain services.

(continued)

Frequently Asked Questions (continued)

Will I be able to see the same doctors?

You may be able to see the same doctors if they accept the insurance plan you pick. You can ask your doctor which plans they work with or look for your doctor's name in the Provider directory. The directory will tell you which plans your doctor work with.

Can I change doctors or plans?

Yes. You will be able to change plans once a year during the open enrollment period. You can change doctors by calling your plan.

Will I be in a dental plan?

Dental plans will be available for children.

Will I have vision plan?

Vision services for children will be covered by the health plans.

Can I get mental health services after the move?

Yes. Some plans offer mental health services. Covered California can help you find a health plan that provides the services you need.

Can I get drug and alcohol services?

Yes. Some insurance plans provide outpatient alcohol and drug treatment services. Covered California can help you find a health plan that provides the services you need.

Will I be able to get any services outside of the health plan?

Yes. Some services may be available outside of the health plan. These services may cost more than services inside of your health plan. You will be able to call your health plan if you have questions.

Where can I get information on my move from the LIHP to Covered California?

You can call your [LIHP program name] office at [LIHP program phone number] or check the [LIHP program name] website at [LIHP program website link] for more information. You can also check the Covered California website at www.CoveredCA.com.

I need help but do not speak English. Is there information in my language?

Written material will be available in some other languages. Translators will be available through

Frequently Asked Questions (continued)

Covered California to help you. You can call them at [Covered California customer service Phone Number].

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Appendix F: LIHP Communication Information (FAQ's)

In addition to the notices identified for distribution to enrollees, there is a need identified by the LIHPs and other stakeholders regarding 'approved' messages that they can communicate to LIHP enrollees that inquire about the transition to Medi-Cal and Covered California. On the following few pages are draft FAQ's that, upon finalization, will provide this 'approved' information.

These Frequently Asked Questions (FAQs) are meant for use by LIHPs and other stakeholders to provide transition information to MCE enrollees who will be transitioned to Medi-Cal. These FAQs can be found on the DHCS Low Income Health Program (LIHP) Transition to Medi-Cal website and will be updated periodically.

FAQ Table of Contents

- General Information
- Eligibility Information
- Medi-Cal Managed Care Information
- Additional Contact Information

General Information

1. Is the [LIHP program name] still my health coverage program?

Answer: Yes. You will continue to get health benefits from [LIHP program name] until December 31, 2013. On January 1, 2014, Medi-Cal will become your health coverage program.

2. Why is LIHP changing to Medi-Cal?

Answer: A change to federal law (the Affordable Care Act of 2010) expanded eligibility to new groups of people for state Medicaid programs. The new law also requires the move from programs like [LIHP program name] to Medi-Cal.

3. What is Medi-Cal?

Answer: Medi-Cal is California's Medicaid Program. It provides medical, dental, mental health, substance use, and vision care to millions of Californians. You can learn more about Medi-Cal at www.dhcs.ca.gov.

4. Is LIHP still open for enrollment?

Answer: LIHPs are open for enrollment until 12/31/2013 (except Santa Cruz). As of January 1, 2014, LIHPs will no longer provide benefits for members. To apply, contact your local LIHP. If your county doesn't have a LIHP, you will not be able to apply.

5. When will enrollees transition from LIHP to Medi-Cal?

Answer: If you are enrolled in a LIHP in December 2013, and your income is below 133% of the federal poverty level, you will be moved to Medi-Cal January 1, 2014.

6. What is Medi-Cal Managed Care?

Answer: Medi-Cal Managed Care is a program where the state contracts with various health plans to provide services for you in an organized and coordinated manner. The managed care plans must directly give, or arrange for, all Medi-Cal services to you.

7. What is Medi-Cal Fee-For-Service (FFS)?

Answers: When a Medi-Cal managed care plan isn't available, Medi-Cal FFS provides all required Medicaid services in California through providers who are enrolled with the Medi-Cal program. If you receive Medi-Cal through Fee-For-Service, you may choose a doctor, dentist, or other provider, who accepts Medi-Cal payments for each service he/she provides. You will be enrolled in a Medi-Cal managed care plan when one is available in your county.

8. What if I don't want to be enrolled in Medi-Cal?

Answer: If you are still enrolled in LIHP in December 2013 and earn less than 133% of the federal poverty level, you will be transitioned to Medi-Cal for January 2014. After January 1, 2014 contact your county social services office to disenroll from Medi-Cal.

Eligibility Information

1. How do I make sure I keep my health coverage while still in LIHP?

Answer: Until January 1, 2014, you will continue to receive services through [LIHP program name]. To make sure you do not have a break in coverage, continue to respond to notices from you LIHP, and let [LIHP program name] know of any address or phone number changes.

2. Do I have to apply for Medi-Cal?

Answer: No. If you are in LIHP in December 2013 and earn less than 133% of the federal poverty level, you will be automatically enrolled into Medi-Cal on January 1, 2014. If you earn more than this, Covered California will help you apply for health coverage.

3. Will my annual review date change after the move from LIHP to Medi-Cal?

Answer: No. Your annual review date will not change. When it is time for your annual review, Medi-Cal will initiate communication with you. If your review is scheduled between January and March 2014, it will be delayed until after April 2014.

4. How can I make changes to my information?

Answer: Before January 1, 2014, your LIHP program will help you keep your information up to date. Call them to report address and phone number changes, or to ask questions about annual eligibility reviews and general Medi-Cal assistance. After January 1, 2014, your local county social services or Medi-Cal office will help you keep your information up to date.

To find your local county social services office, visit <http://www.benefitscal.com>

Medi-Cal Managed Care Information

1. What is a Medi-Cal managed care health plan?

Answer: Medi-Cal managed care health plans (MCPs) help you manage your health care needs. This care includes helping you to find doctors and specialists, having a 24-hour nurse advice phone line, having member services to assist you, helping with transportation to medical visits, and more.

2. Why do I need to be enrolled in a Medi-Cal managed care health plan?

Answer: State law requires that individuals transitioning from LIHP, who are eligible for Medi-Cal, receive health care through a managed care plan (where available). As part of the LIHP move to Medi-Cal, individuals living in counties where Medi-Cal managed care is available will have to move into a managed care plan.

3. Do I have to choose my managed care plan ?

Answer: No. You will be allowed to choose your plan (if there is more than one in your county). If you do not choose your plan, you will be assigned to a plan that works with your LIHP Primary Care Provider (Doctor or Clinic). If your LIHP Primary Care Provider does not work with the plan(s) available in your county, then you will be assigned to a managed care plan in your county.

3. When will I move into a managed care plan?

Answer: The change from the LIHP to a Medi-Cal managed care plan will occur on January 1, 2014.

4. Who is (are) the MCP(s) in my county?

Answer: Please see the attachment that lists the LIHP and the managed care plan s for each county.

5. Can I change my Medi-Cal health provider or plan?

Answer: You can choose another Medi-Cal managed care health plan before or after your enrollment in Medi-Cal at any time, if there is more than one plan in your county. You can also change your primary care doctor and choose any available doctor within your Medi-Cal managed care health plan network. These changes can happen monthly.

6. How can I enroll into a different Medi-Cal managed care health plan?

Answer: Once you move to Medi-Cal, you can do the following:

- Visit one of the Health Care Options (HCO) presentation sites to speak to an HCO representative in person
http://www.healthcareoptions.dhcs.ca.gov/HCOCS/ Presentation_Sites/;

- Visit the HCO website for information about the health plans:
<http://www.healthcareoptions.dhcs.ca.gov/HCOCS/SP/Home/>;
- Complete the process by phone with an HCO representative toll-free at (800) 430-4263 (Monday through Friday, 8a.m. to 5p.m); or
- Complete the forms in the information packet you will receive when you move to Medi-Cal. Mail the forms to:

Department of Health Care Services
Health Care Options
P.O. Box 989009
West Sacramento, CA 95798-9850

7. Will I be able to see the same primary care provider after the transition to the Medi-Cal program?

Answer: Medi-Cal will enroll you, in a managed care health plan that includes your LIHP primary care provider, if they are part of a plan's Medi-Cal network. You can continue to go to the same doctor if they are part of the plan's provider network. If your LIHP provider is not already in a plan's Medi-Cal network and agrees to join the network, then you can continue to see this provider with no interruptions. If the provider does not join a plan's Medi-Cal network, but is willing to work with the plan to continue your treatment, the Medi-Cal managed care health care plan will allow you continued the provider for up to 12 months. If the provider will no longer see you after the transition to Medi-Cal, then the Medi-Cal managed care health plan must develop a strategy to ensure that there is no break in your treatment or access to services. The Medi-Cal managed care health plan must submit this strategy to DHCS for tracking to help ensure you are able to continue services and access to providers you need.

8. How will I continue to get my prescriptions and benefits?

Answer: You must contact your plan if you have prescriptions and/or treatment that need to continue. They will be able to help you get the care you need.

Additional Information

1. What if I have additional questions regarding my LIHP coverage?

Answer: Please contact [LIHP program name].

2. What if I have additional questions regarding Medi-Cal?

Answer: Please call the State's Ombudsman Help desk toll-free at 1-888-452-8609. Or Health Care Options at xxx.xxx.xxxx.

3. What if I have additional questions regarding the LIHP Transition to Medi-Cal?

Answer: Please go to DHCS' LIHP Transition website at:

[http://www.dhcs.ca.gov/provgovpart/Pages/LIHPTransition\(Revised\).aspx](http://www.dhcs.ca.gov/provgovpart/Pages/LIHPTransition(Revised).aspx) This link will change in the next few weeks. [link to new website?] or contact [LIHP program name].

4. I need help but do not speak English, how do I get information in my language?

Answer: Call your county Medi-Cal office. You have the right to interpreter services provided by the county at no cost to you.

Appendix G: Transition Timeline – Eligibility, Enrollment, Continuity of Care

The table presented below is a transition time matrix that focuses on the time period of October 2013 through January 2014. It lists major items by month for the following main groups participating in the transition:

- Enrollees
- LIHPs
- Counties
- DHCS
- MCPs
- Covered California

The major items identified for each of these groups are related to Eligibility, Enrollment, and Continuity of Care. This high-level view allows stakeholders to observe the interrelationships of activities across the different organizations and processes. There are many critical activities not listed here that are critical for a successful transaction. They may occur before October, or do not relate to directly to Eligibility, Enrollment and Continuity of Care. They are accounted for in the transition, just not reflected here.

Following the table is a description of all the items in the table. The listing is organized by the main groups listed above and then by month.

(Draft) LIHP Transition Timing Matrix – Eligibility, Enrollment & Continuity of Care

	Enrollee	LIHP	County	DHCS	MCP's	Covered CA
O c t	<ul style="list-style-type: none"> •Health Care (HC) via LIHP •Maintain Eligibility 	<ul style="list-style-type: none"> •Continue: <ul style="list-style-type: none"> – new enrollees – Redeterminations •Provide Customer Service (Cust. Svc.) 	<ul style="list-style-type: none"> •Continue SAWS– new/updates •Prepare for transition •Provide Cust. Svc. 	<ul style="list-style-type: none"> •By 15th Pull MEDS: <ul style="list-style-type: none"> – start MMCD process 	<ul style="list-style-type: none"> •Prepare Cust. Svc. •Prepare systems, policies & procedures 	<ul style="list-style-type: none"> •Open Enrollment Begins •Receive HCCI file from DHCS
N o v	<ul style="list-style-type: none"> •HC via LIHP •Maintain Eligibility •Receive Plan Choice Notice, Choice Packet •Option – Select Plan 	<ul style="list-style-type: none"> •Continue: <ul style="list-style-type: none"> – new enrollees – Redeterminations •Provide Cust. Svc. 	<ul style="list-style-type: none"> •Continue SAWS– new/updates •Provide Cust. Svc. 	<ul style="list-style-type: none"> •Provide Cust. Svc. •By 1st Send Plan Choice Notice, Choice Packet •By 25th, start BIC process 	<ul style="list-style-type: none"> •Provide Cust. Svc. •Receive Utilization data 	<ul style="list-style-type: none"> •Targeted Outreach to HCCI population •Service Centers available
D e c	<ul style="list-style-type: none"> •HC via LIHP •Maintain Eligibility •Receive Plan Choice / Assignment Reminder Notice •Receive Medi-Cal (M/C) Welcome Packet, receive BIC •Option – Select Plan 	<ul style="list-style-type: none"> •Continue: <ul style="list-style-type: none"> – new enrollees – Redeterminations •Provide Cust. Svc. •On 31st (COB) Stop new applications. 	<ul style="list-style-type: none"> •Continue SAWS– new/updates •Provide Cust. Svc. 	<ul style="list-style-type: none"> •Provide Cust. Svc. •By 1st Send Plan Choice/Assignment Reminder Notice •By 19th Send BIC and M/C Welcome Packet •Final MCP choice: <ul style="list-style-type: none"> – via Mail, by 17th – via Phone, by 23rd •On 26th Admin Move, MCP assigned, MEDS Renewal 	<ul style="list-style-type: none"> •Provide Cust. Svc. •By 30th Receive HIPAA 834 enrollment file from DHCS •Receive PCP Companion files for continuity of care 	<ul style="list-style-type: none"> •Targeted Outreach to HCCI population •Service Centers available
J a n	<ul style="list-style-type: none"> •HC via M/C (MCP, Specialty Mental Health Plans, Fee For Service) •Receive MCP Packet/Card 	<ul style="list-style-type: none"> •Complete 2013 apps •Coordinate Continuity of Care with MCPs 	<ul style="list-style-type: none"> •Continue SAWS– new/updates •Social Services responsible for transitioned enrollees 	<ul style="list-style-type: none"> •HC via M/C (MCP, Specialty Mental Health Plans, Fee for Service) 	<ul style="list-style-type: none"> •HC via MCP •Provide Cust. Svc. •By 10th Send Plan Welcome Packet & Card 	<ul style="list-style-type: none"> •Targeted Outreach to HCCI population •Service Centers available

Appendix G: Transition Timeline – Eligibility, Enrollment, Continuity of Care (cont.)

Descriptions - (Draft) LIHP Transition Timing Matrix – Eligibility, Enrollment & Continuity of Care

Enrollee

October

- Health Care Coverage is provided via the local LIHP
- Enrollees need to maintain their eligibility in order to be administratively moved to Medi-Cal in 2014

November

- Health Care Coverage is provided via the local LIHP
- Enrollees need to maintain their eligibility in order to be administratively moved to Medi-Cal in 2014
- Receive Plan Choice Notice & Choice Packets – Enrollees will receive the Plan Choice Notice and Choice Packet in Non-COHS counties (as described in Section x.x). Enrollees in COHS counties will receive Plan Choice Notice explaining that they will be enrolled into the managed care plan in their county.
- Enrollees in a non-COHS county have the opportunity to choose a health plan based on the information provided in the Plan Choice Notice and Choice Packet, via mail or phone with HCO. Detailed in section x.x

December

- Health Care Coverage is provided via the local LIHP
- Enrollees need to maintain their eligibility in order to be administratively moved to Medi-Cal in 2014
- Receive Plan Choice/Assignment Reminder Notice – Enrollees will receive the Plan Choice/Assignment Reminder Notice in Non-COHS counties (as described in Section x.x). Enrollees in COHS counties will receive Plan Choice/Assignment Reminder Notice explaining that they will be enrolled into the managed care plan in their county.
- Enrollee has the opportunity to choose a health plan based on the information provided in the Plan Choice Notice and Choice Packet, via mail or phone with HCO. Detailed in section x.x
- Enrollees will receive the Welcome to Medi-Cal packet and Beneficiary Identification Card (BIC). Detailed in Section x.x

January

- Health Care Coverage is provided through the Medi-Cal program, via Managed Care Plans, Specialty Mental Health Plans, Fee-for-Service, etc.
- Enrollees should receive MCP welcome packet and benefit card

LIHP

October

- LIHPs will continue to enroll new enrollees into the LIHP program. LIHPs will 1) continue to perform redeterminations as required, or 2) defer redeterminations according to the optional process allowed during the 4th quarter of 2013, as determined by DHCS
- LIHPs will provide customer service to enrollees with transition questions.

November

- LIHPs will continue to enroll new enrollees into the LIHP program. LIHPs will 1) continue to perform redeterminations as required , or 2) defer redeterminations according to the optional process allowed during the 4th quarter of 2013, as determined by DHCS
- LIHPs will provide customer service to enrollees with transition questions.

December

- LIHPs will continue to enroll new enrollees into the LIHP program. LIHPs will 1) continue to perform redeterminations as required , or 2) defer redeterminations according to the optional process allowed during the 4th quarter of 2013, as determined by DHCS
- LIHPs will provide customer service to enrollees with transition questions.
- As of the end of the month, LIHPs will stop enrolling new members into the LIHP

January

- LIHPs will complete any 2013 applications that are in process as soon as possible
- LIHPs will coordinate continuity of care transitions with MCPs

County

October

- Counties need to continue getting LIHP eligibility information into MEDS. Many counties are submitting new/updates through their SAWS to update MEDS, a few counties are submitting information directly to MEDS.
- Counties need to prepare for the LIHP transition in many ways, in addition to the eligibility data transition.
- Counties need to provide customer service to LIHP transition enrollees.

November

- Counties need to continue getting LIHP eligibility information into MEDS. Many counties are submitting new/updates through their SAWS to update MEDS, a few counties are submitting information directly to MEDS.
- Counties need to provide customer service to LIHP transition enrollees.

December

- Counties need to continue getting LIHP eligibility information into MEDS. Many counties are submitting new/updates through their SAWS to update MEDS, a few counties are submitting information directly to MEDS.
- Counties need to provide customer service to LIHP transition enrollees.

January

- Counties need to continue getting LIHP eligibility information into MEDS for 2013 cases. Many counties are submitting new/updates through their SAWS to update MEDS, a few counties are submitting information directly to MEDS.
- County Social Services organizations are now responsible for the Medi-Cal beneficiaries that were former LIHP enrollees. All eligibility and enrollment activities should be the same for the LIHP transition individuals as for other Medi-Cal individuals.

DHCS

October

- DHCS will initiate the Managed Care Plan enrollment process around the middle of October. This process, which has many parts, is initiated with the selection of LIHP MCE individuals in MEDS with active eligibility.

November

- DHCS will provide customer service to LIHP transition enrollees to facilitate their enrollment into Medi-Cal. DHCS may receive calls/letters from enrollees that received the Plan Choice Notice sent out on November 1st and want to select a plan.
- By November 1st DHCS will mail the Plan Choice Notice and associated choice packet. LIHP enrollees in COHS counties will receive separate, similar notices with specific information regarding their plan assignment.
- DHCS will initiate the Medi-Cal Welcome process that includes the sending of the Medi-Cal Welcome Packet and the Beneficiary Identification Card (BIC).

December

- DHCS will provide customer service to LIHP transition enrollees to facilitate their enrollment into Medi-Cal. DHCS may receive calls/letters from enrollees that received the Plan Choice Notice sent out on November 1st and or December 1st and want to select a plan.
- By December 1st DHCS will mail the Plan Choice/Assignment Reminder Notice. This notice will be sent to recipients of the Plan Choice Notice less the enrollees that have recorded a choice with DHCS, less individuals that are no longer eligible, and will include any additional 'late' enrollees identified in MEDS since the Plan Choice Notice selection from MEDS. LIHP enrollees in COHS counties will not receive the reminder notice unless they are part of the 'late' enrollee cohort.
- In mid-December DHCS will send Medi-Cal Welcome Packet to LIHP MCE enrollees. Following approximately a week later, DHCS will send BICs to the LIHP MCE enrollees.
- DHCS will accept enrollee plan selection reply notices until December 17th via US Mail and until December 23 via telephone.
- On December 26th DHCS will perform the administrative move to transition LIHP MCE enrollees into Medi-Cal. Only MCE enrollees with December eligibility will be moved to Medi-Cal. If enrollees have made a MCP choice, then it will be logged into MEDS during this process. Enrollees that did not make a choice will be assigned the MCP as documented in the Plan Choice/Assignment Reminder Notice they received.

January

- Health Care Coverage is provided through the Medi-Cal program, via Managed Care Plans, Specialty Mental Health Plans, Fee-for-Service, etc.

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Managed Care Plans (MCPs)

October

- MCPs need to prepare to provide customer service to LIHP transition enrollees.
- MCPs need to prepare systems, policies, and procedures for the LIHP transition enrollees.

November

- MCPs need to provide customer service for LIHP transition enrollees.
- MCPs in COHS counties will receive LIHP enrollee prior utilization data up to 45 days prior to 1/1/2014.

December

- MCPs need to provide customer service for LIHP transition enrollees.
- MCPs in non-COHS counties will receive LIHP enrollee prior utilization data up to 30 days prior to 1/1/2014 based upon LIHP enrollee active choice or presumed assignment based upon Plan Choice/Assignment Notice default MCP.
- By December 30th MCPs will receive HIPAA 834 enrollment and Companion File from DHCS

January

- MEDI-Cal program Health Care Coverage is provided via Managed Care Plans.
- MCPs need to provide customer service for the former LIHP transition enrollees that are now Medi-Cal beneficiaries.
- By January 10th the MCPs will send MCP Welcome Packets and Plan benefit cards to their new enrollees.

Covered California

October

- Open Enrollment begins for Covered California
- Covered California receives a file from DHCS of all LIHP HCCI enrollees
- Covered California prepares for targeted outreach campaign to HCCI enrollees.
- Covered California Service Centers are available for LIHP HCCI enrollees

November

- Covered California conducts targeted outreach campaign to HCCI enrollees.
- Covered California Service Centers are available for LIHP HCCI enrollees

December

- Covered California conducts targeted outreach campaign to HCCI enrollees.
- Covered California Service Centers are available for LIHP HCCI enrollees

January

- Health Care Delivery for former HCCI beneficiaries is available via Covered California Qualified Health Plans
- Covered California conducts targeted outreach campaign to HCCI enrollees.
- Covered California Service Centers are available for LIHP HCCI enrollees

Appendix H: County by County – LIHPs & Medi-Cal Managed Care Plans

County	LIHP	MCP(s)
Alameda	Health Program of Alameda County (HealthPAC)	Alameda Alliance for Health
		Anthem Blue Cross
Alpine	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Amador	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Butte	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Calaveras	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Colusa	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Contra Costa	Contra Costa Health Plan	Contra Costa Health Plan
		Anthem Blue Cross
Del Norte	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
El Dorado	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Glenn	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Humboldt	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Imperial	Path2Health (Anthem Blue Cross, MedImpact)	CA Health & Wellness Plan
Inyo	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Kern	Kern Medical Center Health Plan	Kern Family Health Care
		Health Net
Kings	Path2Health (Anthem Blue Cross, MedImpact)	CalViva Health
		Anthem Blue Cross
Lake	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Lassen	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Los Angeles	Healthy Way LA	LA Care Health Plan
		Health Net
Madera	Path2Health (Anthem Blue Cross, MedImpact)	CalViva Health
		Anthem Blue Cross
Marin	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Mariposa	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Mendocino	Path2Health	Partnership Health Plan

	(Anthem Blue Cross, MedImpact)	
Modoc	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Mono	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross CA Health & Wellness
Monterey	ViaCare Monterey County	Central California Alliance for Health
Napa	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Orange	Orange County MSI	CalOptima
Placer	Placer Medicaid Expansion Program	Anthem Blue Cross CA Health & Wellness
Plumas	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross CA Health & Wellness
Riverside	Riverside County Healthcare	Inland Empire HP
Sacramento	Sacramento Low Income Health Program	Health Net
		Kaiser
		Molina Healthcare
		Anthem Blue Cross
San Benito	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
San Bernardino	Arrowcare	Inland Empire HP
		Molina Healthcare
San Diego	San Diego Low Income Health Program	Community Health Group
		Care 1 st
		Molina Healthcare
		Health Net
		Kaiser
San Francisco	San Francisco Provides Access To Health (SF PATH)	San Francisco Health Plan
		Anthem Blue Cross
San Joaquin	San Joaquin County Low Income Health Program	Health Plan of San Joaquin
		Health Net
San Mateo	San Mateo Access and Care for Everyone (ACE)	Health Plan of San Mateo
Santa Clara	Valley Care Health Plan	Santa Clara Family Health Plan
		Anthem Blue Cross
Santa Cruz	MediCruz Advantage	Central California Alliance for Health
Shasta	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Sierra	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Siskiyou	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Solano	Path2Health	Partnership Health Plan

	(Anthem Blue Cross, MedImpact)	
Sonoma	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Sutter	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Tehama	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Trinity	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Tulare	TulareCare	Anthem Blue Cross
		Health Net
Tuolumne	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness
Ventura	Access, Coverage, Enrollment Program (ACE Program for Adults)	Gold Coast Health Plan
Yolo	Path2Health (Anthem Blue Cross, MedImpact)	Partnership Health Plan
Yuba	Path2Health (Anthem Blue Cross, MedImpact)	Anthem Blue Cross
		CA Health & Wellness

Appendix I: 2013 Special Legislative Session – LIHP Transition excerpt from ABX1 1

SEC. 10.

Section 14005.61 is added to the Welfare and Institutions Code, to read:

14005.61.

(a) Except as provided in subdivision (e), individuals who are enrolled in a Low Income Health Program (LIHP) as of December 31, 2013, under California's Bridge to Reform Section 1115(a) Medicaid Demonstration who are at or below 133 percent of the federal poverty level shall be transitioned directly to the Medi-Cal program in accordance with the requirements of this section and pursuant to federal approval.

(b) Except as provided in paragraph (8) of subdivision (c), individuals who are eligible under subdivision (a) shall be required to enroll into Medi-Cal managed care health plans.

(c) Except as provided in subdivision (d), with respect to managed care health plan enrollment, a LIHP enrollee shall be notified by the department at least 60 days prior to January 1, 2014, in accordance with the department's LIHP transition plan of all of the following:

(1) Which Medi-Cal managed care health plan or plans contain his or her existing primary care provider, if the department has this information and the primary care provider is contracted with a Medi-Cal managed care health plan.

(2) That the LIHP enrollee, subject to his or her ability to change as described in paragraph (3), will be assigned to a health plan that includes his or her primary care provider and enrolled effective January 1, 2014. If the enrollee wants to keep his or her primary care provider, no additional action will be required if the primary care provider is contracted with a Medi-Cal managed care health plan.

(3) That the LIHP enrollee may choose any available Medi-Cal managed care health plan and primary care provider in his or her county of residence prior to January 1, 2014, if more than one such plan is available in the county where he or she resides, and he or she will receive all provider and health plan information required to be sent to new enrollees and instructions on how to choose or change his or her health plan and primary care provider.

(4) That in counties with more than one Medi-Cal managed care health plan, if the LIHP enrollee does not affirmatively choose a plan within 30 days of receipt of the notice, he or she shall be enrolled into the Medi-Cal managed care health plan that contains his or her LIHP primary care provider as part of the Medi-Cal managed care contracted primary care network, if the department has this information about the primary care provider, and the primary care provider is contracted with a Medi-Cal managed care health plan. If the primary care provider is contracted with more than one Medi-Cal managed care health plan, then the LIHP enrollee will be assigned to one of the health plans containing his or her primary care provider in accordance with an assignment process established to ensure the linkage.

(5) That if the LIHP enrollee's existing primary care provider is not contracted with any Medi-Cal managed care health plan, then he or she will receive all provider and health plan information required to be sent to new enrollees. If the LIHP enrollee does not affirmatively select one of the available Medi-

Cal managed care plans within 30 days of receipt of the notice, he or she will automatically be assigned a plan through the department-prescribed auto-assignment process.

(6) That the LIHP enrollee does not need to take any action to be transitioned to the Medi-Cal program or to retain his or her primary care provider, if the primary care provider is available pursuant to paragraph (2).

(7) That the LIHP enrollee may choose not to transition to the Medi-Cal program, and what this choice will mean for his or her health care coverage and access to health care services.

(8) That in counties where no Medi-Cal managed care health plans are available, the LIHP enrollee will be transitioned into fee-for-service Medi-Cal, and provided with all information that is required to be sent to new Medi-Cal enrollees including the assistance telephone number for fee-for-service beneficiaries, and that, if a Medi-Cal managed care health plan becomes available in the residence county, he or she will be enrolled in a Medi-Cal managed care health plan according to the enrollment procedures in place at that time.

(d) Individuals who qualify under subdivision (a) who apply and are determined eligible for LIHP after the date identified by the department that is not later than October 1, 2013, will be considered late enrollees. Late enrollees shall be notified in accordance with subdivision (c), except according to a different timeframe, but will transition to Medi-Cal coverage on January 1, 2014. Late enrollees after the date identified in this subdivision shall be transitioned pursuant to the department's LIHP transition plan process.

(e) Individuals who qualify under subdivision (a) and are not denoted as active LIHP enrollees according to the Medi-Cal Eligibility Data System at any point within the date range identified by the department that will start not sooner than December 20, 2013, and continue through December 31, 2013, will not be included in the LIHP transition to the Medi-Cal program. These individuals may apply for Medi-Cal eligibility separately from the LIHP transition process.

(f) In conformity with the department's transition plan, individuals who are enrolled in a LIHP at any point from September 2013 through December 2013, under California's Bridge to Reform Section 1115(a) Medicaid Demonstration and are above 133 percent of the federal poverty level will be provided information regarding how to apply for an insurance affordability program, including submission of an application by telephone, by mail, online, or in person.

(g) A Medi-Cal managed care health plan that receives a LIHP enrollee during this transition shall assign the LIHP primary care provider of the enrollee as the Medi-Cal managed care health plan primary care provider of the enrollee, to the extent possible, if the Medi-Cal managed care health plan contracts with that primary care provider, unless the beneficiary has chosen another primary care provider on his or her choice form. A LIHP enrollee who is enrolled into a Medi-Cal managed care plan may work through the Medi-Cal managed care plan to change his or her assigned primary care provider or other provider, after enrollment and subject to provider availability, according to the standard processes that are currently available in Medi-Cal managed care for selecting providers.

(h) The director may, with federal approval, suspend, delay, or otherwise modify the requirement for LIHP program eligibility redeterminations in 2013 to facilitate the process of transitioning LIHP enrollees to other health coverage in 2014.

(i) The county LHPS and their designees shall work with the department and its designees during the 2013 and 2014 calendar years to facilitate continuity of care and data sharing for the purposes of delivering Medi-Cal services in the 2014 calendar year.

(j) This section shall be implemented only if and to the extent that federal financial participation under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.) is available and all necessary federal approvals have been obtained.

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